



Human Resources Department

SAN LUIS OBISPO COUNTY

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Director

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TO: ALL COUNTY EMPLOYEES

FROM: RISK MANAGEMENT, BENEFITS COORDINATOR

SUBJECT: DENTAL PLANS

The County offers two dental plans to all eligible employees. You may select either the **Delta Preferred Option Plan** (www.deltadentalca.org) or **Aetna Dental DMO Plan** (www.aetna.com). To be eligible, you must be in a permanent position working at least 20 hours per week. The effective date of coverage under both plans is the first day of the month following submission of your enrollment form to your department, provided you are an active employee on the day coverage is to take effect.

ENROLLMENT IN ONE OF THE DENTAL PLANS IS MANDATORY FOR ALL ELIGIBLE EMPLOYEES.

Dependent Eligibility

Eligible dependents include husband or wife, domestic partner, and unmarried dependent children until their 23rd birthday provided: a) such children are dependent upon you for support and are full time students or b) such children are incapable of supporting themselves as a result of a mental or physical disability.

Deletion of Dependents

Dependents can only be deleted during open enrollment or when they no longer meet the eligibility requirements.

Following is a comparative outline of the benefits and costs of each dental plan. A more complete description of each plan can be obtained from Risk Management. You are encouraged to carefully review the plan descriptions and the outline in making a choice which best fits your needs.

If you choose to enroll in the Delta Preferred Option Plan, the attached Delta Dental Enrollment Form must be completed and returned to your Payroll Coordinator.

If you choose to enroll in the Aetna Dental DMO Plan, the attached Aetna Enrollment Form must be completed and returned to your Payroll Coordinator. Please choose one dental facility from the attached list of available Aetna providers.

For further information, please contact Risk Management, 781-5007.

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(This is only a partial listing of plan benefits. Refer to the Dental Plan Contracts for exact terms and conditions of coverage.)

CATEGORY DESCRIPTION	DELTA DENTAL (Delta Preferred Option)	AETNA DENTAL DMO PLAN						
CHOICE OF DENTIST	Members are free to choose any dentist, but there is a higher level of benefits when using Delta Preferred Dentists.	Member must select one panel dentist. Refer to the next page for the list of panel dentists.						
DEDUCTIBLES	No deductible when services are provided by a Delta Preferred Dentist. If services are provided by other dentists there is a \$25 deductible per patient per year. The deductible will not be applied to Diagnostic and Preventive Benefits.	No deductible.						
MAXIMUM BENEFIT	\$1,500 per patient per calendar year when services are provided by a Delta Preferred Dentist. \$1,000 per patient per calendar year when using Non-Preferred Dentist.	Unlimited.						
OUT OF AREA EMERGENCY	Member may receive treatment from any dentist. 100% coverage.	Member may receive treatment from any dentist that is more than 50 miles from assigned panel dentist. Member will receive up to \$100 reimbursement per emergency, less any applicable copayment during any twelve-month period.						
SINGLE 2 PARTY FAMILY	<u>MONTHLY RATES</u> \$ 46.95 79.81 122.06	<u>MONTHLY RATES</u> \$26.22 43.39 64.11						
COVERED SERVICES	<p>1. Diagnostic and preventive services, including office visits, cleanings and x-rays are paid at 100%.</p> <p>2. Basic services, including fillings, extractions and root canals: Delta Dental pays 90% if services are provided by a Preferred Option Dentist. Delta pays 80% if services are provided by a Non-Preferred Option Dentist.</p> <p>3. Crowns are covered at 50% of charges.</p> <p>4. Prosthodontics, including bridges and dentures, are covered at 50%.</p> <p>5. Orthodontic Benefits: Delta Dental pays 50% of the covered fees up to a lifetime maximum of \$1,000 per patient.</p> <p>A list of preferred option dentists can be obtained from Risk Management or www.deltadentalca.org.</p>	<p>1. You pay nothing for many dental services, including office visits, x-rays and cleanings.</p> <p>2. You pay a co-payment at time of service for the following procedures:</p> <ul style="list-style-type: none">a. Amalgam Fillings - no costb. Crowns-Resin \$185 each, porcelain \$185 each*c. Soft Tissue Extraction - no charged. Partial Bony Extraction - \$45 (each tooth)e. Fully Bony Extraction - \$60 (each tooth)f. Subgingival Curettage - \$40 (each quadrant)g. Gingivectomy - \$75 (each quadrant)h. Mucco-Osseou Surgery - \$250 (each quadrant)i. Fixed Bridgework - \$185 (each tooth) *j. Full Denture - \$300 (each)k. Partial Denture - \$300 (each)l. Repair Complete Denture - \$35m. Space Maintainer - no charge <p>* Base or noble metal is the benefit.</p> <p>3. Orthodontic Benefits (Must use a panel orthodontist) Enrollee pays :</p> <table><tr><td>Start up fees (excluding records)</td><td>\$ 180</td></tr><tr><td>Dependent children to age 19</td><td>2,000</td></tr><tr><td>Adults & Full-time students</td><td>2,000</td></tr></table> <p>NOTE: The above procedures are subject to the limitations, exclusions, and governing administrative policies of the plan.</p>	Start up fees (excluding records)	\$ 180	Dependent children to age 19	2,000	Adults & Full-time students	2,000
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